



ARKANSAS STATE BOARD OF NURSING

1123 S. University Avenue, Suite 800, University Tower Building, Little Rock, AR 72204

Phone: (501) 686-2700

Fax: (501) 686-2714

www.arsbn.org

ONLINE APPLICATION

ADDITIONAL DOCUMENTS COVER PAGE

DIRECTIONS: This cover sheet should be completed by individuals that are submitting an application to Arkansas State Board of Nursing (ASBN) **Education Department** and are required to submit additional documentation for review. This cover page should be attached to the documentation that you or another agency submits to ensure proper routing of court documents and/or related personal documents to the ASBN Education Department for review. Please print legibly and complete this cover sheet in its entirety.

For additional information please refer to the Frequently Asked Questions and CBC information located on the ASBN website at www.arsbn.org. Click on the Licensing tab.

Your Name _____

Name on documents _____

Date of Birth _____ Social Security Number _____

Type of Application Submitted (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> APN (CRNA, ANP, CNS, CNM) | <input type="checkbox"/> Endorsement (RN, LPN, LPTN) |
| <input type="checkbox"/> Exam (RN, LPN, LPN Equivalency) | <input type="checkbox"/> Prescriptive Authority |
| <input type="checkbox"/> Retired Nurse (APN, RN, LPN, LPTN) | |

Documents included with this cover page:
